## HAWAII STATE ETHICS COMMISSION



1001 Bishop Street, Pacific Tower 970 P.O. Box 616, Honolulu, Hawaii 96809 Telephone: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

GIFTS DISCLOSURE STATEMENT								
	(This report cove	rs the period from June 1 of the preceding cale	ndar year through Ju	ne 1 of this year and	l is due on June 30)			
NAME: 5	hin Woo		STATE POSITION: Legislative Analyst					
STATE AGENCY:	House Ma	jority Staff Office	STATE POSITION: Legislative Analyst  STATE TEL. NO.: 586-6300					
STATE AGENCY: House Majority Staft Office STATE TEL. NO.: 586-6300  STATE MAILING ADDRESS: House of Representative, Room 410  Hawaii State Capital  Hawaii, HI 96813								
1 DONOR		2 DESCRIPTION OF GIFT		DATE 3 REC'D	GIFT 4 VALUE	AGG. 5 VALUE		
	none	none		none	nne	none		
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1 DONOR	2 DESCRIPTION OF GIFT	DATE 3 REC'D	GIFT 4 VALUE	AGG. 5 VALUE
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	Chack	hore	if you	have	attached	additional	choote
_	CHECK	Here	ıı you	Have	attachieu	auditional	SHEELS.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE

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